

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of issue fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 1 below, or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p style="text-align: center;">B3M1/0723</p> <p>SKJERVEN, MORRILL, MACPHERSON, FRANKLIN AND FRIEL 25 METRO DRIVE, STE. 700 SAN JOSE, CA 95110</p>		INVENTOR'S NAME <input type="text" value="L. Skjerven, P. J. Winters, F. MacPherson, F. Franklin & F. Friel"/>	
		Street Address <input type="text" value="25 Metro Drive, San Jose, CA 95110"/>	
		City, State and ZIP Code <input type="text" value="San Jose, CA 95110"/>	
		CO-INVENTOR'S NAME <input type="text" value="L. Skjerven, P. J. Winters, F. MacPherson, F. Franklin & F. Friel"/>	
		Street Address <input type="text" value="25 Metro Drive, San Jose, CA 95110"/>	
		City, State and ZIP Code <input type="text" value="San Jose, CA 95110"/>	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/000, 061	06/20/96	007	TOPLU, L	2016 07/23/96
First Named Applicant: DOKTOR, KAROL				

TITLE OF INVENTION: DATA RELATIONSHIPS PROCESSOR WITH UNLIMITED EXPANSION CAPABILITY						
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 M122510110	395-600,000	031	UTILITY	YES	XXXXXX	10/23/96
\$645.00						

3. Correspondence address change (Complete only if there is a change)		4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	
		Skjerven, Morrill MacPherson, Franklin & Friel 2 Paul J. Winters 3 Edward C. Kwok	

DO NOT USE THIS SPACE						
WT04404	11/06/96	08083861	19-2386	040	242	645.00CH
WT04405	11/06/96	08083861	19-2386	040	561	33.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)				6a. The following fees are enclosed:		
(1) NAME OF ASSIGNEE: Financial Systems Technology Pty. Ltd.				<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____		
(2) ADDRESS: (CITY & STATE OR COUNTRY) Melbourne Australia				<input type="checkbox"/> DEPOSIT ACCOUNT NUMBER 19-2386 (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 11 <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees		

A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-2386 (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 11 <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>David J. Winters</i> Reg. No. 25,557 (Date) <i>10/23/96</i>	
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.			

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on October 23, 1996 (Date)
Robert Parker
(Name of person making deposit)
Robert Parker
(Signature)
October 23, 1996 (Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.